

RENEWAL FOR MORTGAGE BROKER LICENSE
Principal Nevada Office Location Renewal Fee \$500

To: NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
Mail to: 400 W King Street Suite 101
Carson City NV 89703

From: BROKER LICENSE NUMBER (*REQUIRED*): _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Pursuant to NRS 645B.050, the renewal application and **ALL** of the applicable supporting documentation listed below, together with the **\$500** fee **must be received on or before May 31.** Licenses expire annually on June 30, but if the licensee fails to submit their renewal application on or before May 31, the license is canceled as of June 30. The Commissioner may reinstate a canceled license if the application and renewal fee are submitted with a reinstatement fee of \$200 (**in addition to the \$500 license fee for a total of \$700.00**).

INCOMPLETE APPLICATIONS WILL BE RETURNED INCLUDING FEES
REINSTATEMENT FEES APPLY IF NOT CORRECTLY RESUBMITTED BY
May 31, 2007

Corporate Name: _____

DBA name if any: _____

Nevada Office Address: _____

Street Suite #

City

State

Zip

Qualified Employee: _____

Telephone number: _____ Fax number: _____

Email Address (Mandatory): _____

Person completing this form: _____

Telephone number (If different than above): _____

Fax number (If different than above): _____

Do you maintain any client trust accounts pursuant to **NRS 645B.175? YES _____ NO _____

Do you arrange any private investor loans? YES _____ NO _____

***Investor funds deposited directly with the broker, or funds related to third party servicing of loans made by the broker; doesn't include fees for appraisal, credit, or other third party costs accepted by the broker*

Name of owner (s), MUST total 100%)	Percentage of interest held	Does owner originate mortgages in broker's name in Nevada? If YES , must submit CE information.
1. _____	_____ %	_____ Yes _____ No
2. _____	_____ %	_____ Yes _____ No
3. _____	_____ %	_____ Yes _____ No
4. _____	_____ %	_____ Yes _____ No

Must total 100% ownership

The following documentation/items are required:

1. Qualified Employee:

- Proof of **10 hours** of certified courses of continuing education taken in the preceding 24 months. (Class hours used for prior renewals may **not** be used to meet the current education requirements, although excess hours may be used or carried forward)
- **Child support statement**
- **Disclosure form**, including the explanation of any "YES" answers.

2. Owners (any %), general partner, officer or director. Do you conduct business in NEVADA on behalf of the company and act as a mortgage agent? ☐ Yes ☐ No If answered yes, please provide the following:

- Proof of **10 hours** of certified courses of continuing education taken in the preceding 24 months.
- **Child support statement** (required for all owners)
- **Disclosure form**, including the explanation of any "YES" answers.

3. If Not a Natural person, listed above, please attach on behalf of the entity/corporate name:

- **Disclosure form**, including the explanation of any "YES" answers.

4. Attachment A form listing of ALL mortgage agents currently affiliated with the licensee at the principal office location. A print out from the web site will not be accepted.

5. Check for \$500 payable to the Division of Mortgage Lending and completed renewal form.

Please note

- *The child support statement is required from ALL respondents regardless if they have children or are subject to any support obligations.*
- *For a listing of education providers and some available classes, visit our website at mld.nv.gov and click on Education.*
- *Required forms are enclosed and may also be found on our website under the forms link.*

The undersigned declare, under penalties of perjury, the I/we have read the foregoing, including matters incorporated by reference, and they are true to the best of my/our knowledge and belief.

Signature of principal officer

_____ Title _____

Print Name: _____

Date _____

Personal Disclosure Form

INCORRECT ANSWERS MAY RESULT IN DENIAL OF YOUR APPLICATION

You are ***required*** to provide an explanation for any 'yes' answers. Include date, charge, agency, location, disposition, explanation as applicable. Use the attached page for your explanations.

Disclosure Items

	Y	N
a. Have you ever been arrested, charged, convicted of or pled guilty or nolo contendere (no-contest) to any felony or misdemeanor (excluding traffic citations) in a domestic, foreign or military court? Please explain in <u>detail</u> any arrests/convictions, including the jurisdictions and dispositions. Also, you must disclose sealed or expunged convictions. Traffic violations resulting in arrest must be disclosed.	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever entered into any settlement agreement with any federal or state agency?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you or any company in which you have ever held an ownership interest had a license or registration denied, suspended or revoked by a financial services or securities licensing agency in this state or any state, district, territory of the United States or any foreign in the preceding 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you made a compromise with creditors within the past 10 years or filed a bankruptcy petition or been subject of an involuntary bankruptcy petition for an organization under your control?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has a bonding company ever denied, paid out on, or revoked a bond for you or any company in which you are or have ever been an owner?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you or any company in which you have ever held an ownership interest have any unsatisfied judgments or liens?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you have a relative that is or has been associated with the business? (NRS 645B.0131 Relative means a spouse or any other person related within the second degree by blood or marriage)	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you or any company in which you have ever held an ownership interest had a civil or criminal record expunged or sealed by a court order?	<input type="checkbox"/>	<input type="checkbox"/>
i. Have you ever had a privileged or professional license in any state denied, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have any civil suits or actions pending?	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I represent that I personally have completed this form and verify the information contained herein is accurate.

Signature

_____ Title: _____

Print Name: _____ Date: _____

YOU ARE REQUIRED TO EXPLAIN IN DETAIL ANY “YES” ANSWERS ON THE DISCLOSURE PAGE.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Non-Personal Disclosure Form

INCORRECT ANSWERS MAY RESULT IN DENIAL OF YOUR APPLICATION

Company Name: _____

You are required to provide an explanation for any ‘yes’ answers. Include date, charge, agency, location, disposition, explanation as applicable. Use the attached page for your explanations.

Disclosure Items

		Y	N	
c.	Has the entity ever entered into any settlement agreement with any federal or state agency?	a.	<input type="checkbox"/>	<input type="checkbox"/>
d.	Has the entity had a license or registration denied, suspended or revoked by a financial services or securities licensing agency in this state or any state, district, territory of the United States or any foreign country in the preceding 10 years?	b.	<input type="checkbox"/>	<input type="checkbox"/>
e.	Has the entity made a compromise with creditors within the past 10 years or filed a bankruptcy petition or been subject of an involuntary bankruptcy petition?	c.	<input type="checkbox"/>	<input type="checkbox"/>
f.	Has a bonding company ever denied, paid out on, or revoked a bond for the entity?	d.	<input type="checkbox"/>	<input type="checkbox"/>
g.	Does the entity have any unsatisfied judgments or liens?	e.	<input type="checkbox"/>	<input type="checkbox"/>
h.	Has the entity ever had a privileged or professional license in any state denied, suspended or revoked?	f.	<input type="checkbox"/>	<input type="checkbox"/>
i.	Is the entity subject to any pending actions that could result in a ‘yes’ answer to any of the above questions?	g.	<input type="checkbox"/>	<input type="checkbox"/>
j.	Does the entity have any civil suits or actions pending?	h.	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I represent that I personally have completed this form and verify the information contained herein is accurate.

Signature

_____ Title: _____

Print Name: _____ Date: _____



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
400 W. KING STREET, SUITE 101
CARSON CITY, NEVADA 89703
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

MENDY K. ELLIOTT
Director

SCOTT E. BICE
Commissioner

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the them will result in denial of the application).

____ 1. I am not subject to a court order for the support of a child.

____ 2. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

____ 3. I am subject to a court order for the support of one or more children and am not in compliance with the order of a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicants Name (printed)

Social Security Number

Signature of Applicant

Date

Attachment A

(The division will **NOT ACCEPT** a print out from the State of Nevada Mortgage Lending Web Site)

The following list of agents are registered with _____ located at _____.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(PLEASE LIST THE AGENTS FIRST AND LAST NAMES ONLY)
Attach additional pages or Internal records as necessary.